

POSITION	INITIALS	ID NO.	DATE
	<i>[Signature]</i>		<i>10/10/00</i>
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		<i>10</i>	<i>12-18-00</i>
FORMALITY REVIEW	<i>S.S.</i>	<i>69134</i>	<i>11-19</i>
RESPONSE FORMALITY REVIEW	<i>11</i>	<i>1</i>	<i>1-30-01</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

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If more than 150 claims or 10 actions  
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